

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10337342**

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1		1				31								
2		1		1			32								
3		1		1			33								
4		1		1			34								
5		1		1			35								
6		1		1			36								
7		6		6			37								
8		6		6			38								
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48															
49															
50															
TOTAL IND.	1		1				TOTAL IND.								
TOTAL DEP.	24		24				TOTAL DEP.								
TOTAL CLAIMS	30		30				TOTAL CLAIMS								